



____ Date _____

Received by ______ Date ___

FIRE - OPERATIONAL PERMIT APPLICATION

SITE ADDRESS			SUITE/UNIT#
TENANT/BUILDING NAME			
SITE CONTACT	PHONE		CELL
NAME OF BUSINESS / CONTRACTOR _			
BUSINESS ADDRESS			PHONE
CITY	STATE ZIPCODE		FAX
PROJECT MANAGER	PHONE		CELL
EMAIL ADDRESS			
ANTICIPATED START AND END DATE _			
permit is required for the operation, display, storage, i	use, handling and, manufacturing, or processing, of any of	the follo	owing:
Carnivals & Fairs	Hazardous Materials		LP Tank for Temporary Heat
Combustible Dust Producing Operations	Per 2007 MSFC Table 105.6.20		Quantity: Size:
Compressed Gases	List quantities and provide MSDS's for each		Open Burning
Per 2007 MSFC Table 105.6.8	☐ HPM Facilities		Open Flames & Candles
List quantities and provide MSDS's for each	High-Piled Storage		Pyrotechnics
Cryogenic Fluids	Hot works Operations		Repair Garages/Motor Fuel Dispensing
Exhibits & Trade Shows	☐ Industrial Ovens		Spraying or Dipping
Flammable & Combustible Liquids	☐ Vehicles & Equipment in Covered		Tents / Temp Membrane Structures
Floor Finishing > 350 sq ft	Malls - Liquid & Gas Fueled		Other:
Inspection Fee	\$64.00 per hour	with	a minimum 1 hour fee.
inspection rec	\$6 1166 per nour,	VVICI	a minimani i nodi rec.
		_	
* Non Business Hours I	Inspections are \$89.00 per hour with		
	ess Hours are Monday – Friday 7:00	am to	o 4:00 pm.
Normal Busine			
	e to be determined by Inspector \$_		
	e to be determined by Inspector \$_		
Final Permit Fe	e to be determined by Inspector \$_ ional inspections or time required pl		

Applicant Signature____

investigation fee equal to the permit fee.

All work shall be done according to plans approved by the City of Edina when approved plans are required.

___ Date ___